Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### 6160-1P59A Attorney Docket Number **DECLARATION FOR UTILITY OR** John E. Litz First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Herewith Declaration Submitted after Initial Declaration OR Submitted Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing required) **Examiner Name**

As a below named inventor, I he	ereby declare that:						
My residence, mailing address, ar	nd citizenship are as sta	ted below next to my nan	ne.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
AUTOCLAVE CONTROL MECHANISMS FOR PRESSURE OXIDATION OF MOLYBDENITE							
	(Title of t	the Invention)					
the specification of which							
X is attached hereto				٠			
or was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
Application Number	and was a	amended on (MM/DD/YY	YY)	(if applicab	ie).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority ben or plant breeder's rights certificat than the United States of Americ patent, inventor's or plant breede application on which priority is clai	e(s), or 365(a) of any F a, listed below and hav r's rights certificate(s), c	PCT international applicate also identified below,	ition which desig by checking the	nated at least one country ot box, any foreign application	her for		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached YES NO	?		
Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto:			

M

1.4

# **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: X Customer Nur or Bar Code L	1 2//0/	OR C	orrespondence address below					
Name								
Nane								
Address								
City		State	ZIP					
		<u> </u>						
Country	Telephone		Fax					
I hereby declare that all statements made herein of m are believed to be true; and further that these statem made are punishable by fine or imprisonment, or both validity of the application or any patent issued thereon.	ients were made with , under 18 U.S.C. 10	h the knowledge that willful	false statements and the like so					
NAME OF SOLE OR FIRST INVENTOR:	A petition h	as been filed for this ur	nsigned inventor					
Given Name (first and middle [if any]) John E.		Family Name or Surname	Litz					
Inventor's Signature John E Zih			5-2-01 Date					
Residence: City Golden	State CO	Country USA	Citizenship US					
Mailing Address 11010 West 29th S	treet		,					
<b>City</b> Golden	State CO	<b>ZIP</b> 80401	Country USA					
NAME OF SECOND INVENTOR:	A petition has	s been filed for this unsi	igned inventor					
Given Name (first and middle [if any])  Paul B.  Family Name or Surname  Queneau								
nventor's Signature Date Date								
Residence: City Golden	State CO	Country USA	Citizenship <sup>US</sup>					
Mailing Address 1954 Mt. Zion Drive								
	1							
City Golden	State CO	ZIP 80401	Country USA					
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

#### **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_1\_ of \_1\_

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Family Name or Surname						umame	
Rong-Ch	ien			Wu	1		
Inventor's Ry K						Date 5/2/01	
Residence: City C	Chelmsford	State MA		Country	USA		Citizenship US
Mailing Address	3 Rosemary L	ane		an and an analysis of the same		, <del>.</del>	
Mailing Address							
City Chelmsfor	·d	State MA		ZIP	01824 c	ountr	USA Y
Name of Additional	Joint Inventor, if an	ıy:		A petitio	n has been filed f	for this	s unsigned inventor
Given Nam	ne (first and middle [if any])	)	I		Family Name	or S	urname
Inventor's Signature							Date
Residence: City		State		Country			Citizenship
Mailing Address							
		-					
Mailing Address		<del></del>		1			
City		State		ZIP		Cour	ntry
Name of Additional	l Joint Inventor, if an	ıy:	□ A	A petition	has been filed fo	r this	unsigned inventor
Given Nam	ne (first and middle [if any])		Family Name or Sumame				
Inventor's Signature Date					Date		
Residence: City		State		Country			Citizenship
Mailing Address							
Mailing Address				,			
City		State		710			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	Herewith
First Named Inventor	John E. Litz
Title	AUTOCLAVE CONTROL
Group Art Unit	
Examiner Name	
Attorney Docket Number	6160-1P59A

I hereby appo	oint:					ſ		7
X Practition	ners at (	Customer Numbe	r 26486			1	Customer er Bar Code here	
Practition	ner(s) na	ımed below:				<u> </u>		_1
		Name			Regist	tration Nun	nber	
ļ								
<u> </u>								
as my/our attor	ney(s) o	r agent(s) to pros	ecute the applic	cation identi	fied above	e, and to tr	ansact all	
business in the	United S	States Patent and	Trademark Of	fice connec	ted therew	vith.		
		espondence addr		ve-identified	application	on to:		
☐ The above  OR	-mentior	ned Customer Nu	mber.		Г	Place Cust	emor 1	
	rs at Cus	stomer Number			<b>&gt;</b>	Number Ba	ar Code	
OR					Ł	Label here		
Firm or Individual Na	ame							
Address								
Address			····	····			····	
City			· · · · · · · · · · · · · · · · · · ·	State	<u>.l</u>	Z	ip	
Country				<del></del>	·			
Telephone		Surgery Control of the Control of th		Fax				-
I am the:								
X Applicar	t/Invento	or.	ð					
☐ Assigne	e of reco	ord of the entire in	terest. See 37	CFR 3.71.				
		37 CFR 3.73(b)			3/96).			
	والنبيورات	SIGNATURE	of Applicant or	Assignee of	Record		المهرواط في ١٠٣٠ نصال المدالية	
N		John E. Litz		Manufacture Name of State of S				
Name		11.7	7 /					<del></del>
Signature		June a	15					<del></del>
Date NOTE: Signatures of al	I the inven	tors or assigned of	ecord of the entire	interact or the	ir ranrecents	ativo(e) are re	outred Submit me	dtinie
forms if more than one				minorest of the	. representa	auve(a) are re	quired, odomit mu	unhic
□ *Total of	fon	ms are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

11
100
1.2
21
1122
Ü
1,2

Please type a	nlus sian (+)	inside this box	 I
ricase type a	pius sign (T)	ILISING RIUS DOY	T 1

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	Herewith
First Named Inventor	John E. Litz
Title	AUTOCLAVE CONTROL
Group Art Unit	
Examiner Name	
Attorney Docket Number	6160-1P59A

Place Customer	
Practitioners at Customer Number  OR  Number Bar Code Label here	
Practitioner(s) named below:	
Name Registration Number	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all	
business in the United States Patent and Trademark Office connected therewith.	
Please change the correspondence address for the above-identified application to:	
The above-mentioned Customer Number.	
OR Place Customer Number Bar Code	
Practitioners at Customer Number  OR	
Firm or	
Individual Name	
Address	
Address	
City State Zip	
Country	
Telephone Fax	
l am the:	
X Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR 3.71.	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
SIGNATURE of Applicant or Assignee of Record	
Name Paul B. Queneau	
Signature Val 15. Julian	
Date 5-2-0/	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit m forms if more than one signature is required, see below*.	ultiple

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box +	+1		side this box	sign (+)	plus	type a	Please
---	----	--	---------------	----------	------	--------	--------

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

#### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	Herewith
First Named Inventor	John E. Litz
Title	AUTOCLAVE CONTROL
Group Art Unit	
Examiner Name	
Attorney Docket Number	6160-1P59A

I hereby appoint:		Γ	
OR	Customer Number 26486	<b>□</b>	Place Customer NumbenBar Code Label here
Practitioner(s) na	amed below:	***************************************	
	Name	Registrat	ion Number
		<del> </del>	
	r agent(s) to prosecute the application id States Patent and Trademark Office con		
	espondence address for the above-identi		
	ned Customer Number.		
OR			lace Customer
Practitioners at Cus	stomer Number		lumber Bar Code abel here
OR Firm or	T		······································
Individual Name			
Address			
Address			
City		State	Zip
Country			
Telephone	<u>L</u>	ax	
I am the:			
X Applicant/Invento	or.		
Assignee of reco	ord of the entire interest. See 37 CFR 3.7	1.	
Statement under	r 37 CFR 3.73(b) is enclosed. (Form PTC	D/SB/96).	
and the second s	SIGNATURE of Applicant or Assigne	e of Record	
Name	Rong-Chien Wu		
	Don		**************************************
Signature	5/2/01		
Date NOTE: Signatures of all the invent	ators or assignees of record of the entire interest of	r their representative	e(s) are required. Submit multiple
forms if more than one signature is		roprosendave	-(a) a a required. Submit multiple
☐ *Total offor	ms are submitted.		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.